APPLICATION FOR PEDDLER'S OR SOLICITOR'S LICENSE Chapter 149 Peddlers and Solicitors JO-ANN RAIA, TOWN CLERK

100 MAIN ST., HUNTINGTON NY 11743-6991 No Fee: Not for Profit Exempt Veteran (first decal, only, no fee) Fees: Peddler or Solicitor with or without a vehicle (new or renewal) \$50 Decal For a Motor Vehicle (new or renewal) \$250 Decal For Pushcart or Other Non-Motorized Vehicle (new or renewal) \$150 Fingerprinting NYS Department of Criminal Justice Services (new applicant) \$75 Processing (new and *late* renewals) \$50 Surety Bond, if applicable, received Expires on (date): 1. Name of Applicant (print): 2. Address (Residence): 3. Address (Mailing-if different from above) 4. Address(es)[Residence] for past five (5) yrs.: 5. Residence Phone #: 6. Are you a U.S. Citizen Yes; if by naturalization, please give date No; if no, proof of legal entry into the United States **must** be shown to clerk processing your application. 7. Corporation or Partnership name, if applicable. (State name, address and telephone number of officer upon whom legal process may be served): If applicable, state DBA: Corporate Address: Corporate Phone # (inc. area code): 8. Name of Business or employer by which applicant has been employed for the past five yrs.: 9. Driver License #: State of Issuance 10.Age Height ft. in.; Weight Eye Color ; Hair Color Birthdate:____ (City, Town, State or Country) 12.Marital Status _____ Maiden Name:____ (If Applicable) 13. Have you ever been convicted of a felony, misdemeanor or violation of a municipal ordinance including Traffic Violations: Yes No

14.If answer to #13 is yes, set forth nature of charge, court and date of conviction and sentence

16. If answer to #15 is yes, set forth type of license, when & where issued:

15. Have you ever been licensed for any occupation or trade? Yes No

rendered:

18. Do you hold a current certificate from any of the following : Suffolk Cty Dept of Health; Dept of Traffic Safety Course (Street Vendors Certification Program) Please attach a copy of applicable certificate. 19. If applicant is employed by owner of a licensed vehicle, set forth name & address of owner & terms of relationship: 20. If applicant proposes to operate a vehicle in connection with license please supply the following:			
		Owner:	
		Vehicle Identification Number:	Plate Number:
		Make: Model:	Color:
21. What are you selling or soliciting?:			
22. Are loudspeakers used in selling or soliciting?: Yes No If yes, application for Sound Devise Permit must be made pursuant to Huntington Town Code, Chap. 141.			
 23. As the applicant, are you employed by one of the following: a Charitable , Religious or Benevolent Organization (pursuant to Town of Huntington Code §149-12A(1) or a Political Organization? 24. If #23 is checked, please indicate the name and address of the Organization: 			
		25. Are you a Veteran currently living in Suffo26. If answer to 25 is Yes, please attach copy o27. NYS Sales Tax Identification Number	of Suffolk Cty Veteran's Exemption Certificate.
1 0 0 11	ole conveyance attach a copy of insurance policy 9-14 of the Peddlers and Solicitors Ordinance.		
NOTE: Submit three photographs taken not more than 60 days prior to application showing head & shoulders ONLY (2" x2"in dimension) ALL NEW APPLICANTS MUST BE FINGERPRINTED. See §149-4M & §149-12A of the Town of Huntington Code.			
I HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY ABILITY AND I AFFIRM THAT SAID ANSWERS ARE TRUE.			
Applicant's Signature:	Date Signed:		
Sworn to before me this day of	,		
Signature of Notary Public			
FOR OFFICE USE ONLY:			
DATE ISSUED: ; LICENSE #: Town of Huntington Clerk saw one of the following: ☐"Green"I-688 ☐"White"I-551; ☐"Pink"I-551; ☐"Red"I-688B	; DECAL #: ; CLK INITIALS: or \(\bigcap \) "Red"I-688A are temporary, check expiration date); \(\bigcap \) "Blue"I-151;		